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PTO/SB/01 (12-97)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted with Initial
Filing OR ☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number MOEG-P100

First Named Inventor Atsushi SAITOU

COMPLETE IF KNOWN

Application Number 10 / 591,722

Filing Date September 5, 2006

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AMINE-BASED BASIC COMPOUND AND USE THEREOF

the specification of which
☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) September 5, 2006 as United States Application Number or PCT International

Application Number 10/591,722 and was amended on (MM/DD/YYYY) September 5, 2006 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
068229/2004	Japan	03/10/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
350599/2004	Japan	12/03/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/JP2005/004189	03/10/2005	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number OR
☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Barry I. Hollander	28,566	Warren A. Zitlau	39,085

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label **23290** OR ☐ Correspondence address below

Name	Barry I. Hollander				
Address	Hollander Law Firm, P.L.C.				
Address					
City		State		ZIP	
Country		Telephone	703 - 383-4800	Fax	703 - 383-4804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname	
Atsushi		Saitou	
Inventor's Signature	<i>Atsushi Saitou</i>		Date 10/4/2006
Residence: City	Tokyo	State	Country Japan
Post Office Address	c/o Biomedical Research Laboratories, Kureha Corporation		
Post Office Address	3-26-2, Hyakunin-cho, Shinjuku-ku		
City	Tokyo	State	ZIP 169-8503
		Country	Japan

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Shigeyuki				Kikumoto			
Inventor's Signature	<i>Shigeyuki Kikumoto</i>					Date	10/3/2006
Residence: City	Tokyo	State		Country	Japan	Citizenship	JP
Post Office Address: c/o Biomedical Research Laboratories, Kureha Corporation							
Post Office Address: 3-26-2, Hyakunin-cho, Shinjuku-ku							
City	Tokyo	State		ZIP	169-8503	Country	Japan

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Masahiro				Ono			
Inventor's Signature	<i>Masahiro Ono</i>					Date	10/5/2006
Residence: City	Tokyo	State		Country	Japan	Citizenship	JP
Post Office Address: c/o Biomedical Research Laboratories, Kureha Corporation							
Post Office Address: 3-26-2, Hyakunin-cho, Shinjuku-ku							
City	Tokyo	State		ZIP	169-8503	Country	Japan

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Ryo				Matsui			
Inventor's Signature	<i>Ryo Matsui</i>					Date	10/3/2006
Residence: City	Tokyo	State		Country	Japan	Citizenship	JP
Post Office Address: c/o Biomedical Research Laboratories, Kureha Corporation							
Post Office Address: 3-26-2, Hyakunin-cho, Shinjuku-ku							
City	Tokyo	State		ZIP	169-8503	Country	Japan

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Masashi				Yamamoto			
Inventor's Signature	Masashi Yamamoto					Date	10/21/2006
Residence: City	Tokyo	State		Country	Japan	Citizenship	JP
Post Office Address: c/o Biomedical Research Laboratories, Kureha Corporation							
Post Office Address: 3-26-2, Hyakunin-cho, Shinjuku-ku							
City	Tokyo	State		ZIP	169-8503	Country	Japan

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Tomohiro				Sawa			
Inventor's Signature	Tomohiro Sawa					Date	10/5/2006
Residence: City	Tokyo	State		Country	Japan	Citizenship	JP
Post Office Address: c/o Biomedical Research Laboratories, Kureha Corporation							
Post Office Address: 3-26-2, Hyakunin-cho, Shinjuku-ku							
City	Tokyo	State		ZIP	169-8503	Country	Japan

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Shigeru				Suzuki			
Inventor's Signature	Shigeru Suzuki					Date	10/24/2006
Residence: City	Tokyo	State		Country	Japan	Citizenship	JP
Post Office Address: c/o Biomedical Research Laboratories, Kureha Corporation							
Post Office Address: 3-26-2, Hyakunin-cho, Shinjuku-ku							
City	Tokyo	State		ZIP	169-8503	Country	Japan

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Mikiro				Yanaka			
Inventor's Signature	<i>Mikiro Yanaka</i>					Date	10/3/2006
Residence: City	Tokyo	State		Country	Japan	Citizenship	JP
Post Office Address	c/o Biomedical Research Laboratories, Kureha Corporation						
Post Office Address	3-26-2, Hyakunin-cho, Shinjuku-ku						
City	Tokyo	State		ZIP	169-8503	Country	Japan
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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